

## PERMIT CENTER

## **Contractor's Letter of Authorization**

Please fax @ 512-974-1226

Please Print Clearly	110430 1441	Dat	e:
Circle the type of contractor: Gener	ral Contractor Electric	al Mechanical Plum	bing Irrigation
General Contractor Name:			
Name of Trade Master License Holder:			
Email address for GC & or Trade Maste	er License Holder:		
Office # ( )	Fax # ( )	Mobile # (	)
Company Name:			
Mailing Address:			
City:	State:	Zip _	
State Master Electric License #:	State Master	Electric Contractor Lice	nse #:
		State Master Mechanical License #:	
State Master Irrigator License #:	State Fire Li	State Fire Line Contractor License #:	
form is filled out completely & must be If you do not wish any agents please no Add: AGENTS			vant to delete please fill out below.
First Name:	Last Name		_ E-mail
First Name:	Last Name		_ E-mail
First Name:	Last Name		_ E-mail
First Name:	Last Name		_ E-mail
First Name:	Last Name		_ E-mail
First Name:	Last Name		_ E-mail
Delete: AGENTS First Name:	Middle Initial	Last Name	
First Name:	Middle Initial	Last Name	
First Name:	Middle Initial	Last Name	
Signature of General Contractor & Mas	ter Licensed Contractor (	as listed above):	
Print Name:			

Revised: 5/31/2013